CENTRAL CONTRA COSTA TRANSIT AUTHORITY ACCESSIBLE SERVICES COMMITTEE MEMBER APPLICATION

I.	Name		
	Last	First	Middle
2.	Address		
٠	Street	City	Zip Code
3.	*Telephone		
	WOTK	Hor	ne
4.	Do you have mobility limitati If yes, please explain:	ons? Yes No	
5.	List any experience, such as committees, that may have pr		
	of an Accessible Services Conto the position being sought.	mmittee member. Please atta	ch any other data relevant
6.	How often do you use public	fixed-route transit?	
	Daily (5-7 days/week)	Emerg	gencies
	Frequently (2-4 days/wee	k) Never	
	Infrequently (1 day/week)	Recre	ational use
7.	How often do you use paratra	nsit?	
	Daily (5-7 days/week)	☐ Emerg	gencies
	Frequently (2-4 days/weel	k) Never	
	Infrequently (1 day/week)	Recre	ational use

of the CCCI	re a brief narrative outlining A Accessible Services Com	your reason(s) for wanti mittee:	ng to be a membe	
References – Please list below the names of three persons/organizations who have known you for at least one year.				
<u>Name</u>	Telephone No.	<u>Occupation</u>	Years Acquainted	
understand th	the foregoing statements are nat willful misrepresentation lisqualification or dismissal.	true to the best of my kr or omission of facts requ	nowledge, and nested can be	
understand th	nat willful misrepresentation	true to the best of my kr or omission of facts requ	owledge, and tested can be	